In re Application of:

**KAZUMI SUGA** 

Application No.: 10/725,527

Filed: December 3, 2003

For: TELEVISION BROADCAST RECEIVING APPARATUS AND METHOD THEREOF

Mail Stop RCE THE COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Preliminary Amendment in the above-identified application.

X No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 6	MINUS	**	= 0	x \$25 \$50	\$0
INDEP. CLAIMS	* 2	MINUS	***	0	x \$105 \$210	\$0
Fee for Multiple Dependent claims \$185°/\$370						\$0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$0

<sup>\*</sup> If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

Docket No. 03500.017776.

Group Art Unit: 2623

Date: July 1, 2008

Examiner: Olugbenga O. Idowu

July 1, 2008 (Date of Deposit)

Michael K. O'Neill, Reg. No. 32,622

(Name of Attorney for Applicant)

C Olderson

ure Date of Signature

<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

<sup>\*\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

	Verified Statement claiming small entity status is enclosed, if not filed previously.					
	A check in the amount of \$ is enclosed.					
	Charge \$ to Deposit Account No. 06-1205.					
X	Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205.					
	A check in the amount of \$ to cover the fee for a month extension is enclosed.					
	A check in the amount of \$ to cover the Information Disclosure Statement fee is enclosed.					
X	Applicant's undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.					
	Respectfully submitted,					
	Michael K. O'Neill Attorney for Applicant Registration No.: 32,622					

FITZPATRICK, CELLA, HARPER & SCINTO 30 Rockefeller Plaza New York, New York 10112-3800 Facsimile: (212) 218-2200

Form #120

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